

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/555649**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		2		2		
7		3		3		
8		3		3		
9		3		3		
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38						
39						
40						
41	1		1			
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46						
47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	44		50			
TOTAL CLAIMS	46		52			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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